

PTO/SB/81 (04-05)

Approved for use through 11/30/2005. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM</b>	Application Number		10/816,782	
	Filing Date		April 2, 2004	
	First Named Inventor		Sang-Ki Nam	
	Title	GOLF CLUB WITH TRANSPARENT GRIP		
	Art Unit	3711		
	Examiner Name	S. L. Blau		
Attorney Docket No.		20016/0201129-US0		

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number: 07278

OR

☐ Practitioner(s) named below:

Name	Registration Number	Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

☐ Firm or Individual Name Melvin C. Garner  
DARBY & DARBY P.C.

Address P.O. Box 5257

City	New York	State	NY	Zip	10150-5257
Country	US	Telephone	(212) 527-	Email	

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature	Date
<span style="border: 1px solid black; padding: 0 20px;">NAM SANGKI</span>	JULY 04, 2005
Name	Telephone
<span style="border: 1px solid black; padding: 0 20px;">Sang-Ki Nam</span>	
Title and Company	
<span style="border: 1px solid black; padding: 0 20px;">Applicant/Inventor</span>	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.

☐ \*Total of 1 forms are submitted.